

Name  
in  
Full

William Bailey

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Forest Hill</i>		Town <i>Harford</i>		County		MARYLAND	
Date of death <i>1905</i>		Month <i>February</i>	Day <i>11</i>	Age <i>81</i>	Years	Months <i>7</i>	Days <i>4</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Harford Co. Md.</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband					
Father's Name <i>John Bailey</i>				Father's Birthplace <i>Ohio</i>			
Mother's Maiden Name <i>Mary Barnes</i>				Mother's Birthplace <i>Harford Co. Md.</i>			
Name of person giving Information <i>J. B. Bailey</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	<i>93</i>	How long <i>Two weeks</i>
Immediate <i>Heart failure</i>		How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. W. Davis M.D.</i>	
	Address <i>Pleasantville Md.</i>	
Accident or Suicide?		

Rock Run

Faly 13.05—

Name

in  
Full

Bertha P. Bay

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Pylesville <sup>County</sup> Harford MARYLAND

Date of death 1905 <sup>Month</sup> 2 <sup>Day</sup> 7 <sup>Age</sup> 46 <sup>Years</sup> 1 <sup>Months</sup> 23 <sup>Days</sup>

Sex Female Color or Race White Birth-place Pa

Occupation Housekeeper Where Residing if not at place of death

Married, ~~Single~~ or Widowed Name of ~~Wife~~ or Husband Bail A. Bay

Father's Name R S. Parke Father's Birthplace Pa

Mother's Maiden Name Sallie A. Whiteford Mother's Birthplace Ind

Name of person giving information Mary Scarborough How related to deceased Sister

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary ~~Asphyxia~~ How long 3 months

Immediate Angina Pectoris 80 How long Sudden

Are the name, age, sex, color, date and place correctly given above? YES

Signature of Physician W. H. C. C. Address Wells Pa

Accident or Suicide? ☒

Slate Ridge Cemetery

Feb. 10<sup>th</sup> - 05-

Name  
in  
Full

Rovell B. Bond

## CERTIFICATE OF DEATH

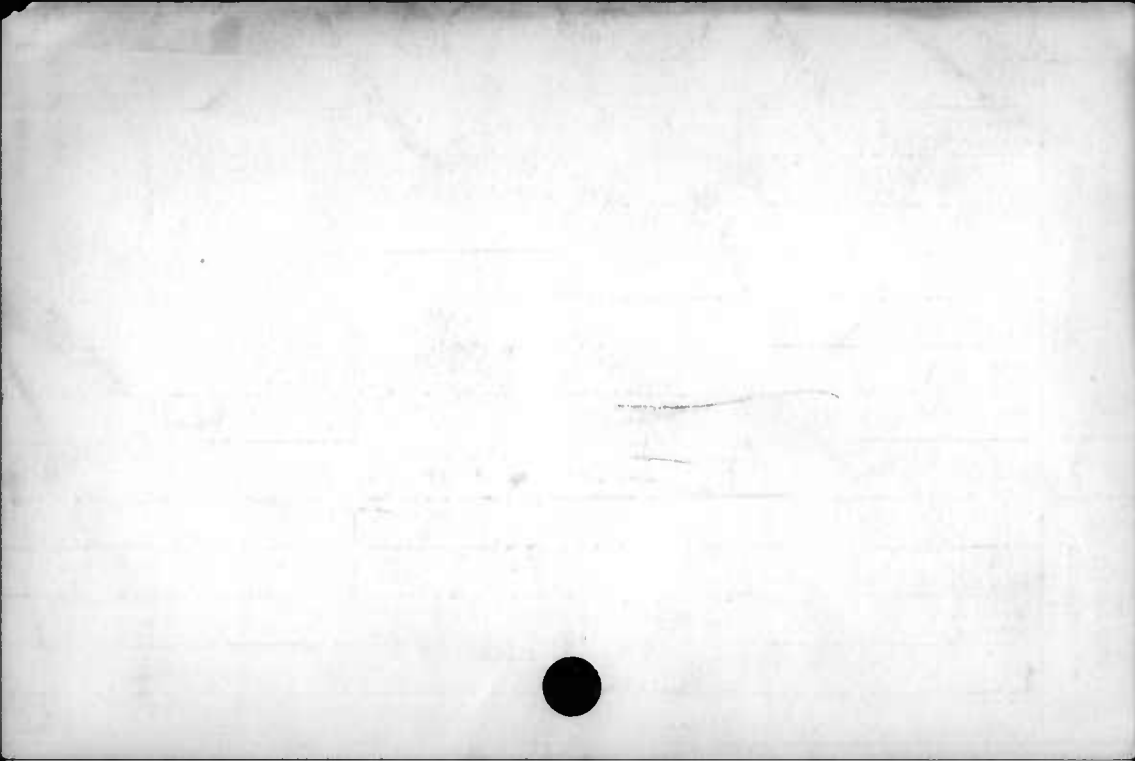
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cresswell</i> <sup>Town</sup>		<i>Harford</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i> <sup>Month</sup> <i>Feb</i> <sup>Day</sup> <i>20</i>		Age <i>29</i> <sup>Years</sup>		Months <i>3</i> <sup>Days</sup> <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Cresswell</i>	
Occupation <i>book</i>		Where Residing if not at place of death <i>"</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Longie Bond</i>			
Father's Name <i>Isaac Bonds</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Blake</i>		Mother's Birthplace <i>"</i>			
Name of person giving Information <i>Wm J. J. J. J.</i>		How related to deceased <i>Brother law</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>6 mos</i>
Immediate <i>exhaustion</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. A. Callahan</i>
	Address <i>Cresswell Md</i>
Accident or Suicide?	<i>✓</i>



Name In Full

Certificate of Death

Mr Rowland Bowman

Town

County

Died at

Date 189

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

Feb

8

Age

17

Maryland

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Tuberculosis

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79999

Attended by Dr. Thos J Roberts M.D.  
of Churchville Md.

Seen by Coroner \_\_\_\_\_  
of \_\_\_\_\_

Information contained in this certificate re-  
ceived from \_\_\_\_\_

of \_\_\_\_\_



Name  
in  
Full

Mary C. Bradfield

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Harre de Grace <sup>County</sup> Harford

MARYLAND

Date of death 1905 <sup>Month</sup> 2 <sup>Day</sup> 6 <sup>Years</sup> 65 <sup>Months</sup> <sup>Days</sup>Sex Female <sup>Color or Race</sup> White <sup>Birth-place</sup> Harford Co.<sup>Occupation</sup> House Wife <sup>Where Residing if not at place of death</sup><sup>Married, Single or Widowed</sup> Widow <sup>Name of Wife or Husband</sup> James Bradfield<sup>Father's Name</sup> John Miller <sup>Father's Birthplace</sup> Harford Co.<sup>Mother's Maiden Name</sup> Mary Baldwin <sup>Mother's Birthplace</sup> Balto. Co.<sup>Name of person giving information</sup> Michael Boyd <sup>How related to deceased</sup> Son

## CAUSES OF DEATH

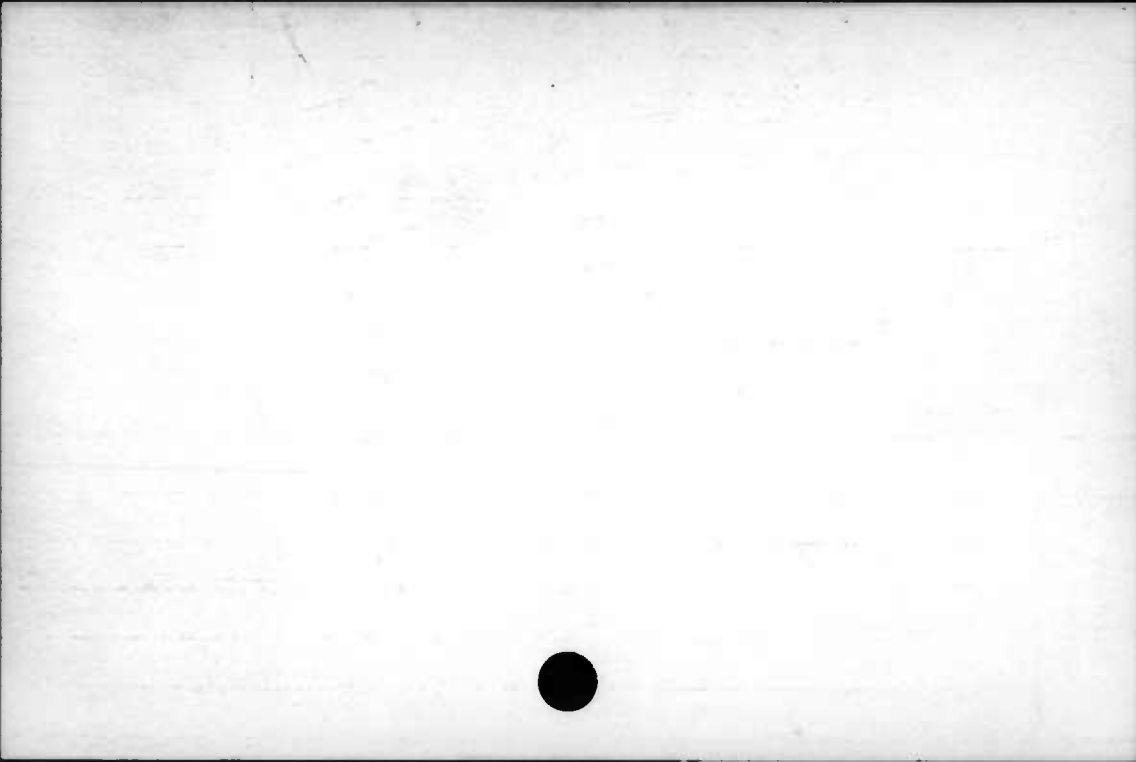
<sup>Primary</sup> Heart disease 79 <sup>How long</sup> about 8 months<sup>Immediate</sup> Bronchitis & Dropsy <sup>How long</sup> 6 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

<sup>Signature of Physician</sup><sup>Address</sup>

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *Janet Bond Bradford*Died at *Bel Air* Town

County

Date

Month

Day

Years

Months

Days

of death 190

*25 July**17*

Age

*63*

Sex

*Female*Color or  
Race*White*Birth-  
place*Maryland*Married, Single  
or Widowed*Single*

Occupation

Name of Wife or  
HusbandFather's  
Name*Augustus W. Bradford*Father's  
Birthplace*Me*Mother's  
Maiden Name*Elizabeth Kew*Mother's  
Birthplace*Me*Name of person giving  
In formation*Samuel W. Bradford*How related  
to deceased*Brother*

## CAUSES OF DEATH

Primary

*Pneumonia*

How long

*93*  
*four days*

Immediate

Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*William J. Archer*

Address

*Bel Air - Md.*

Accident or Suicide?

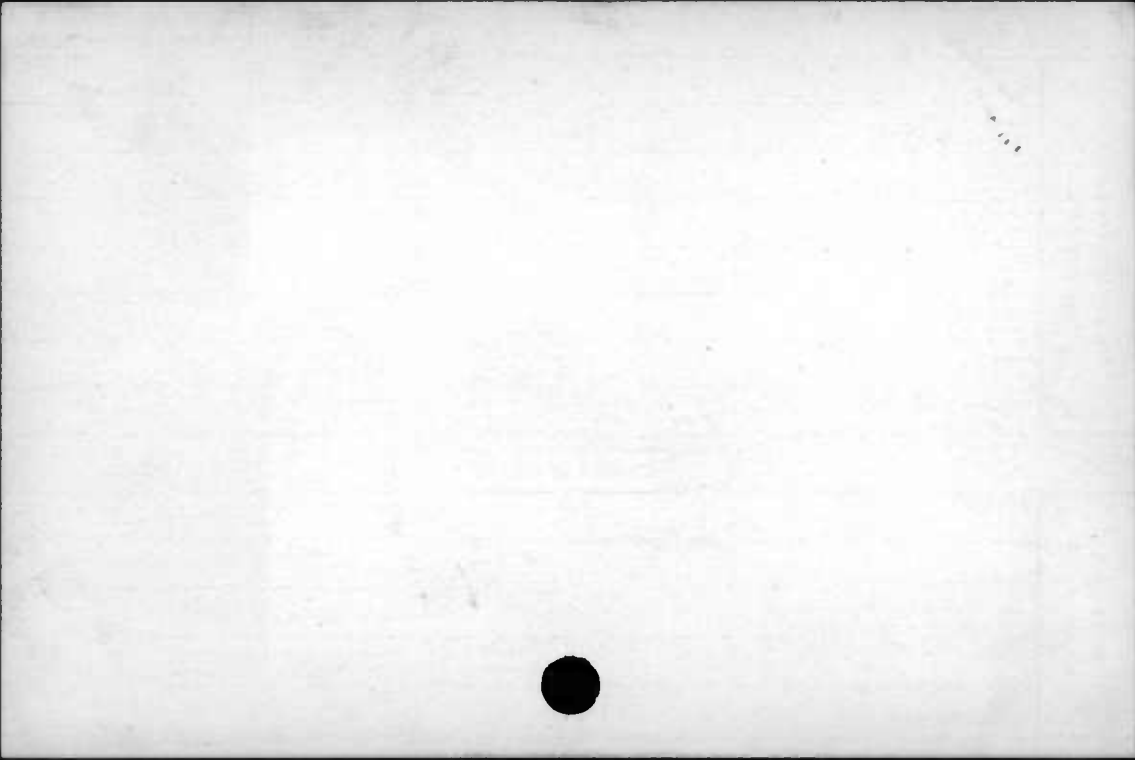
PHYSICIAN  
OR CORONER



TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Name in Full <i>Harriet Salter Brown</i>		Town <i>Swan creek</i>		County <i>Harford</i>		CERTIFICATE OF DEATH	
Died at <i>Swan creek</i>		Month <i>2</i>		Day <i>23</i>		Years <i>70</i>	
Date of death <i>1905</i>		Months		Days		MARYLAND	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Oxfordshire England</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Swan creek</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>A. J. Brown</i>					
Father's Name <i>James Wheeler</i>		Father's Birthplace <i>Wiltshire Eng.</i>					
Mother's Maiden Name		Mother's Birthplace <i>Ireland</i>					
Name of person giving information <i>James R. Wheeler</i>		How related to deceased <i>Brother</i>					
CAUSES OF DEATH							
Primary <i>apoplexy</i>		How long <i>4 days</i>					
Immediate <i>Paralysis</i>		How long <i>4 days</i>					
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>A. J. Kennedy</i>		Address <i>Andrews bro</i>			
Accident or Suicide?							



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Verna E Casey

Died at *Harrodsburg* <sup>Town</sup>*Hartford* <sup>County</sup>

MARYLAND

Date of death *1905* <sup>Month</sup> *2* <sup>Day</sup> *28* <sup>Age</sup> *2* <sup>Years</sup> *—* <sup>Months</sup> *—* <sup>Days</sup> *—*Sex *Female* Color or Race *Cd White* Birth-place *Ind*Occupation *Infant* Where Residing if not at place of death *—*Married, Single or Widowed *Child* Name of Wife or Husband *—*Father's Name *Joseph Casey*

Father's Birthplace

Mother's Maiden Name *Grace Hamell*

Mother's Birthplace

Name of person giving information *Joseph Casey*How related to deceased *Father*

## CAUSES OF DEATH

Primary *Whooping cough*How long *4 wks*

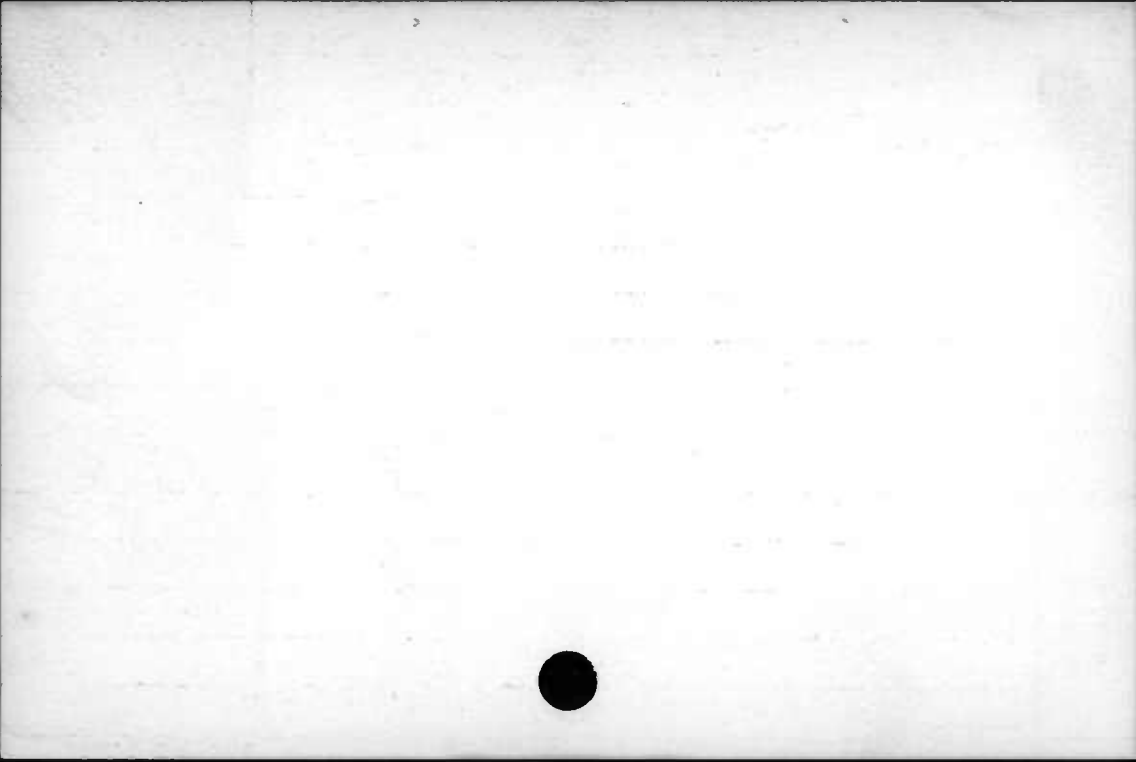
Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Lee Hopkins*Address *Harrodsburg Ind*

Accident or Suicide?





Name  
in  
Full

No Name —

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died <i>Near Aberdeen</i>		Town <i>Harford</i>		County <i>Harford</i>		MARYLAND	
Date of death <i>1905 Feb.</i>		Month <i>Feb.</i>		Day <i>11</i>		Age <i>—</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Near Aberdeen</i>		Months <i>—</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		Years <i>—</i>		Days <i>3</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>		Father's Birthplace <i>Harford Co</i>		Father's Name <i>Jack Catton</i>	
Mother's Maiden Name <i>Jane Bickett</i>		Mother's Birthplace <i>Harford Co</i>		How related to deceased <i>Father</i>		Name of person giving information <i>Jack Catton 176</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Laceration of scalp &amp; above eye caused by instruments.</i>		How long <i>3 days</i>	
Immediate <i>Hemorrhage</i>		How long <i>3 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm. H. Kriete</i>	
		Address <i>Aberdeen, Md.</i>	
<del>Accident or Suicide?</del>			



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Harre de Grace* <sup>Town</sup> *Harford* <sup>County</sup>Date of death *1905* <sup>Month</sup> *2* <sup>Day</sup> *9* <sup>Years</sup> *101* <sup>Months</sup> *10* <sup>Days</sup> *-*Sex *Female* Color or Race *White* Birth-place *H de Grace*Occupation *none* Where Residing if not at place of death *-*Married, Single or Widowed *Widow* Name of Wife or HusbandFather's Name *Nicolas Sutor*Father's Birthplace *Germany*Mother's Maiden Name *Mrs Schaffer*Mother's Birthplace *Pennsylvania*Name of person giving information *Mrs Geo Paffenbaker*How related to deceased *Sons and Daughters*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONERPrimary *Fractured Thigh* *164* <sup>How long</sup> *2 yrs*Immediate *General Debility* <sup>How long</sup> *several months*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *R. W. Smith*Address *Harre de Grace*Accident or Suicide? *no*



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

Died at

Bel Air

Town

Harford.

County

MARYLAND

Date

of death 190

5

Month

2

Day

26

Age

Years

Months

2

Days

29

Sex

Male

Color or  
Race

Black

Birth-  
place

Bel Air.

Married, Single  
or Widowed

Occupation

Name of Wife or  
HusbandFather's  
Name

Benton Cook

Father's  
Birthplace

Bel Air

Mother's  
Maiden Name

Bessie Dorey

Mother's  
Birthplace

Bel Air

Name of person giving  
In formation

Bessie Cook

How related  
to deceased

Mother.

## CAUSES OF DEATH

Primary

Meningitis

How long

2 weeks

Immediate

Convulsion

How long

10 minutes

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Carmel Sepkowitz

Address

Bel Air Box 92

Accident or Suicide?



Name

in  
Full

William L. Cooley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Bel Air<sup>County</sup> Harford

MARYLAND

Date

of death 1905

Month

Feb

Day

10

Years

Age 63

Months

July

Days

Sex

male

Color or  
Race

white

Birth-  
place

Harford Co.

Married, Single  
or Widowed

Single

Occupation

Lawyer

Name of Wife or  
HusbandFather's  
Name

Daniel M. Cooley

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Harriet Miles

Mother's  
Birthplace

Md.

Name of person giving  
information

Lawson Cooley

How related  
to deceased

Brother

## CAUSES OF DEATH

Primary

Pneumonia

How long

Eight days

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

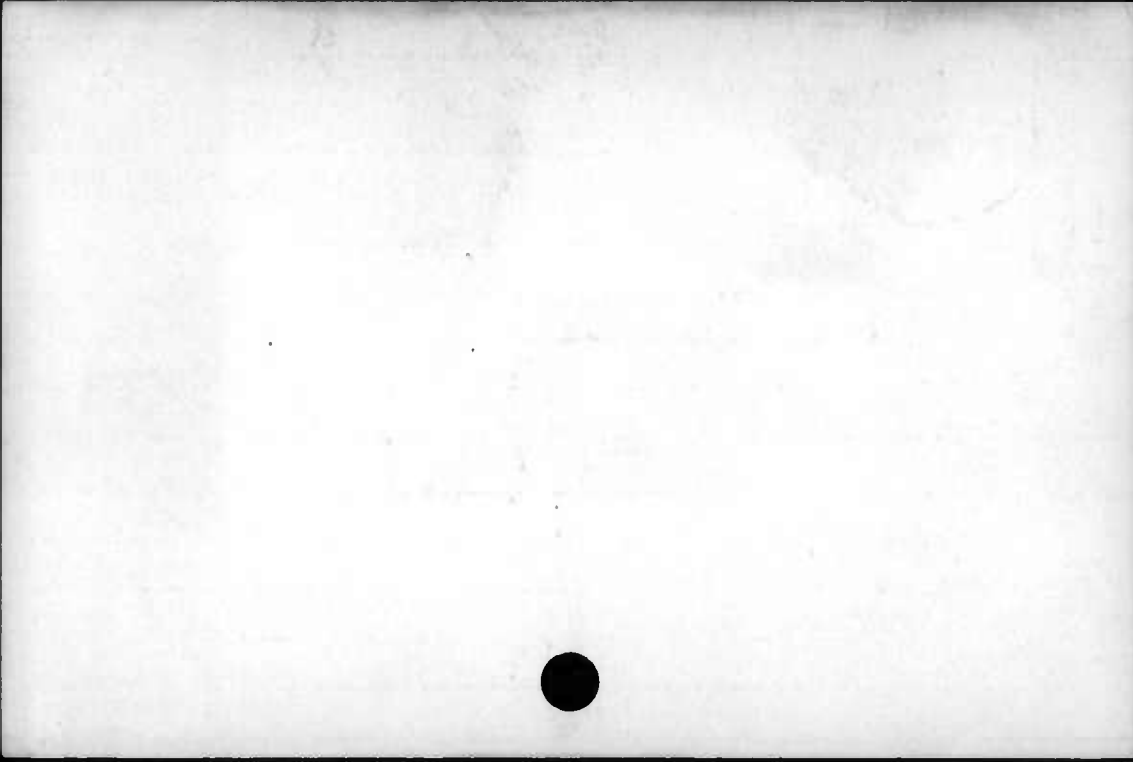
Address

William L. Ascher

Bel Air - Md.

Accident or Suicide?

PHYSICIAN  
OR CORONER





Name In Full

Certificate of Death

Town

County

Died at

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1892

Feb - 23

Age

75

Maryland

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

none

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Paralysis

66

How long sick

1 year

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. \_\_\_\_\_

of \_\_\_\_\_

Seen by Coroner \_\_\_\_\_

of \_\_\_\_\_

Information contained in this certificate re-  
ceived from \_\_\_\_\_

of \_\_\_\_\_

Name  
in  
Full

Verna Alwilda Davis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

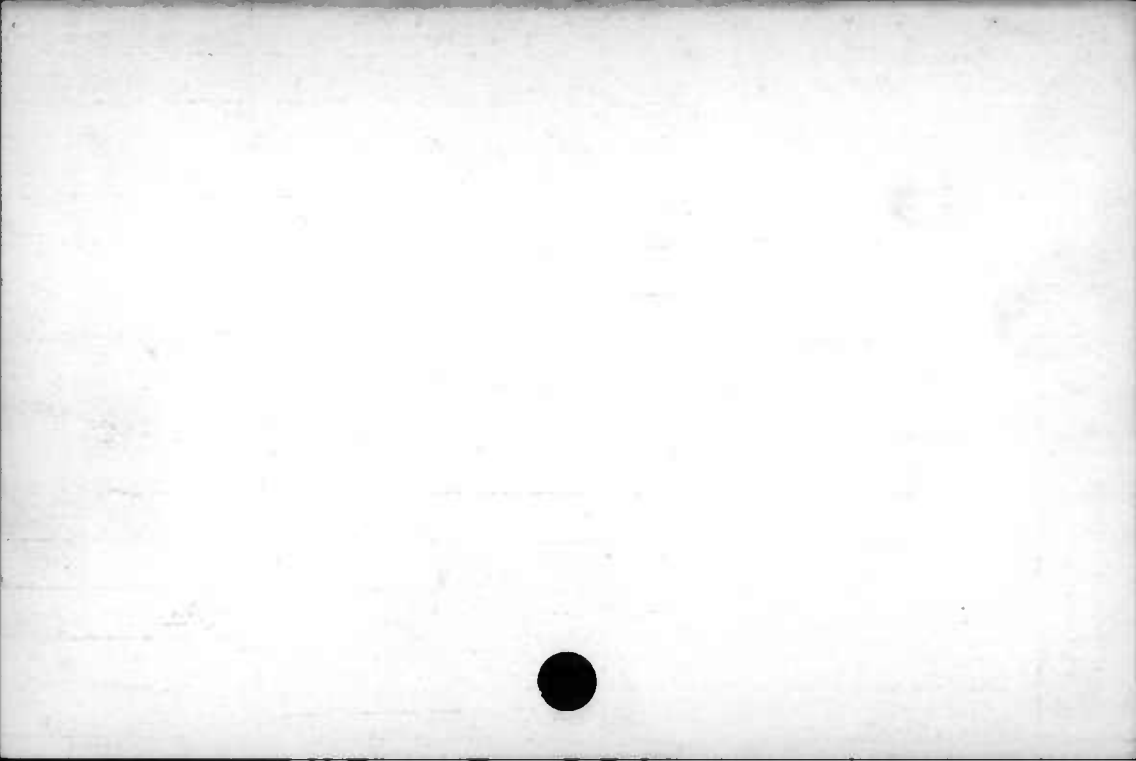
MARYLAND

Died at		Town Hdlyrae		County Harford	
Date of death	1905	Month Feb	Day 9	Age Years	Months 8
Sex	Female		Color or Race	White	
Occupation			Birth- place	Md	
			Where Residing if not at place of death Hdlyrae		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Oscar Davis		Father's Birthplace
Mother's Maiden Name			Maggie Campbell		Mother's Birthplace
Name of person giving In formation					How related to deceased

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Eclampsia	How long	Short
Immediate	Progressive Cardiac Asthenia	How long	50
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		L. S. Taylor, M.D.	
Address		Perryville, Md.	
Accident or Suicide?			



Name  
in  
Full

Susan Sever

## CERTIFICATE OF DEATH

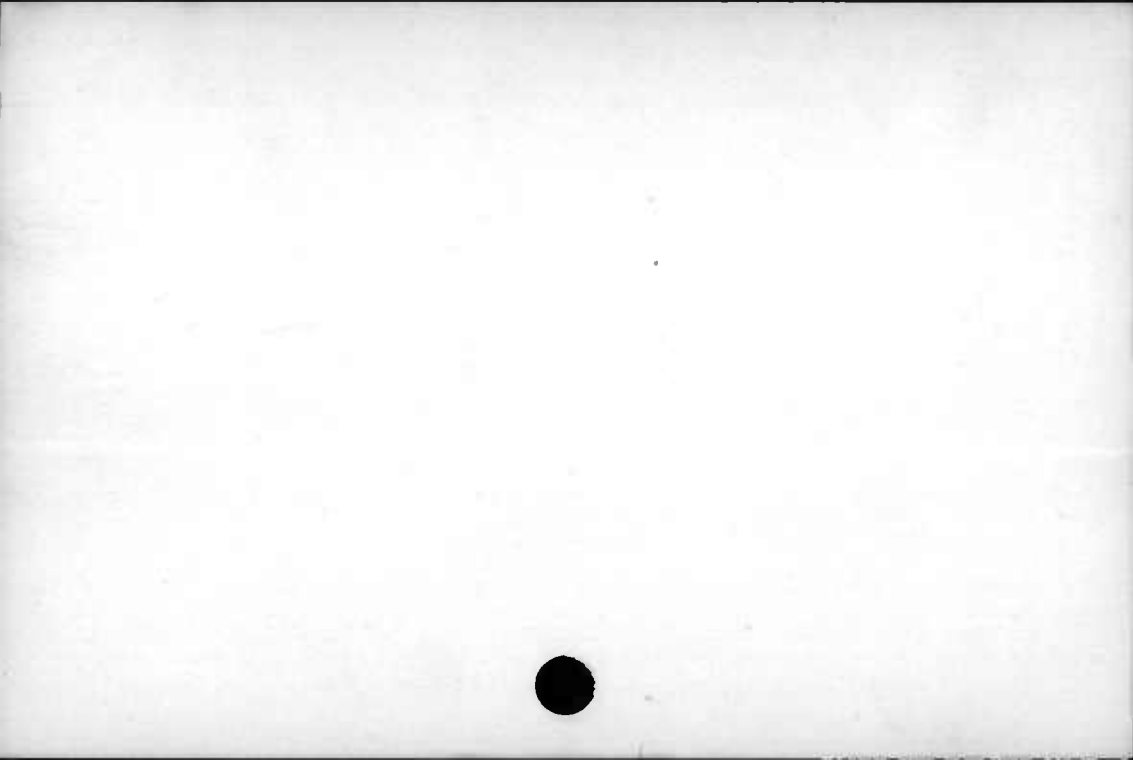
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Aberdeen		County Harford		MARYLAND	
Date of death		Month 1905 Feb	Day 20	Age	Years 75	Months 2	Days 20
Sex	Female		Color or Race	White		Birth-place	Harford Co.
Occupation	House work			Where Residing if not at place of death			
Married, Single or Widowed	Widowed		Name of Husband				
Father's Name	Henry Arnold				Father's Birthplace	Harford Co.	
Mother's Maiden Name	Elizabeth Baker				Mother's Birthplace	Harford Co.	
Name of person giving information	Mary S. Sever				How related to deceased	Sister	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Paralysis		How long	
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Thos. Roberts (C.H.K.)
			Address	Churchville, Md.
Accident or Suicide?				



Name  
in  
Full

## CERTIFICATE OF DEATH

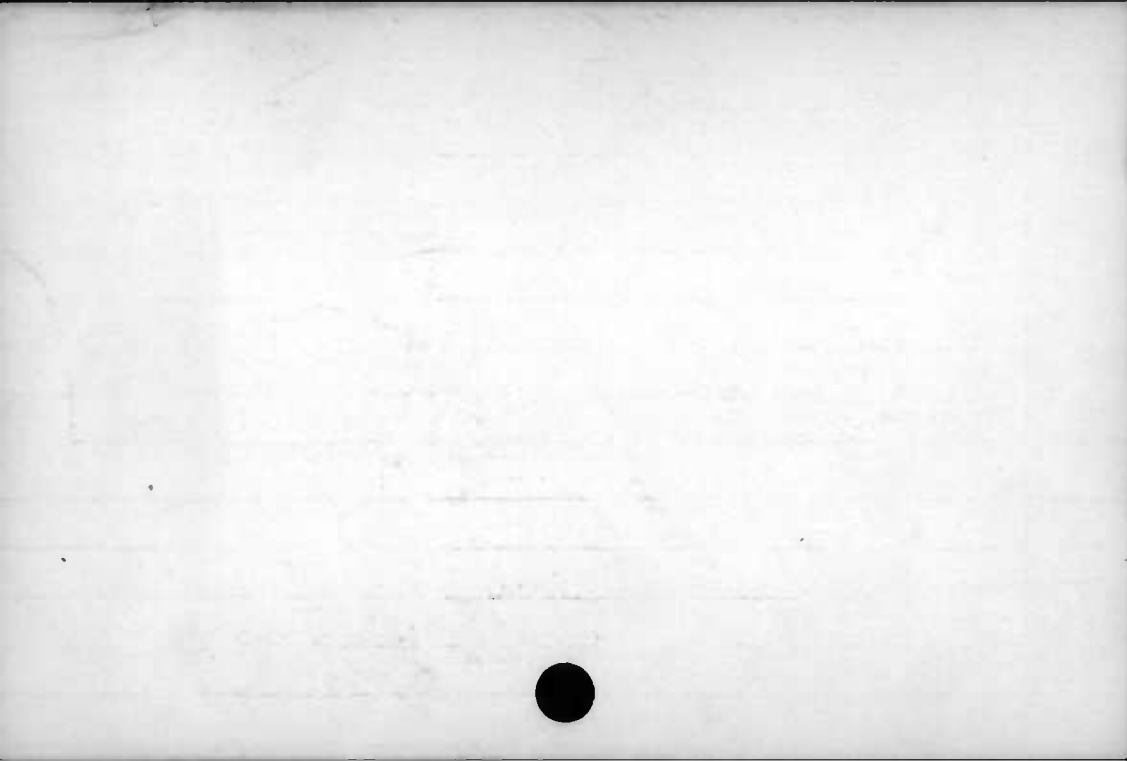
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Bel Air</u> <sup>Town</sup>		<u>Harford</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>5</u>	Month <u>Feb</u>	Day <u>Tuesday</u>	Age <u>71</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>Maryland</u>		
Married, <del>Single</del> or <del>Widowed</del>			Occupation <u>Fanner</u>		
Name of Wife or <del>Husband</del> <u>Rebecca Foward</u>					
Father's Name <u>Dr Parker Foward</u>			Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Mary Smithson</u>			Mother's Birthplace <u>md</u>		
Name of person giving information <u>Wm J. Foward Jr</u>			How related to deceased <u>Son</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Engorgement Liver</u>	How long	<u>4 mo</u>
Immediate	<u>Exhaustion</u>	How long	<u>few hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>C. A. Hellingworth</u>	
		Address <u>Bel Air</u>	
Accident or Suicide? <u>no</u>			





Name  
in  
Full

CERTIFICATE OF DEATH

*Mary Ann Fox*

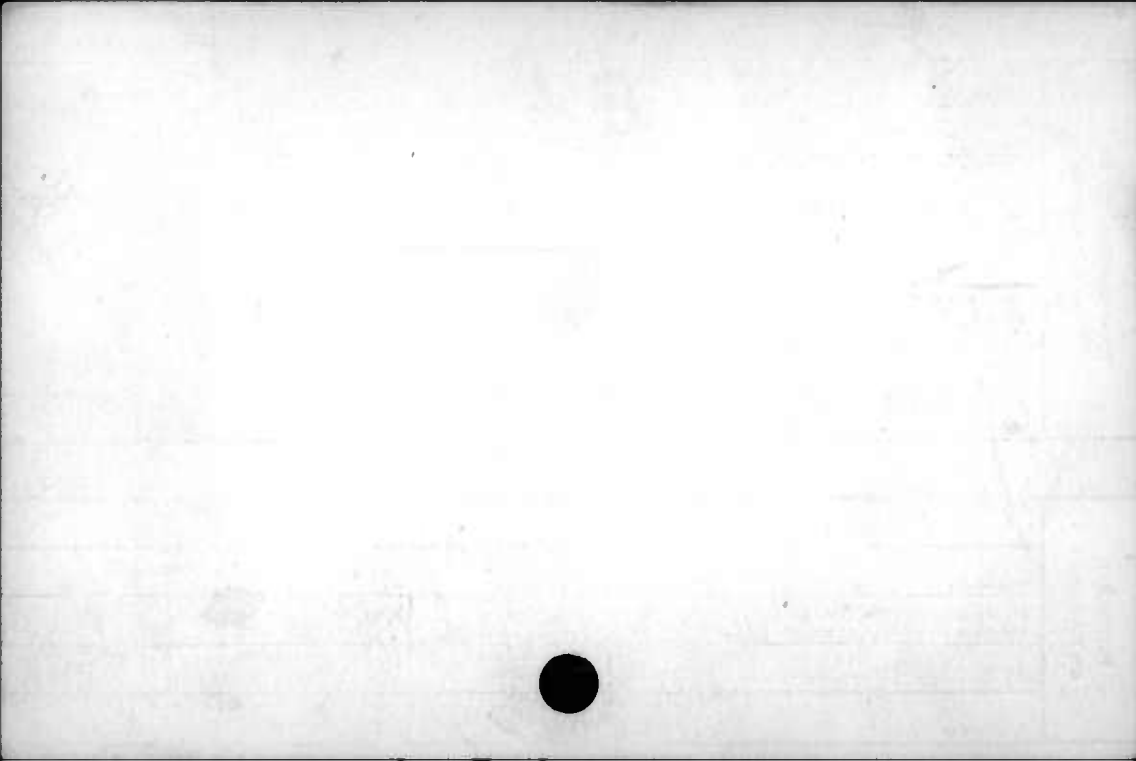
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Deale Island H house</i>		County		MARYLAND	
Date of death <i>1905</i>	Month <i>2</i>	Day <i>15</i>	Age <i>28</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Pennsylvania</i>		
Occupation <i>Housekeeper</i>	Where Residing if not at place of death				
Married, <i>No</i>	Name of Wife or Husband <i>Geo W. Fox</i>				
Father's Name <i>Wm Winters</i>	Father's Birthplace <i>Pennsylvania</i>				
Mother's Maiden Name <i>Elizabeth Campbell</i>	Mother's Birthplace <i>" "</i>				
Name of person giving Information <i>Rebecca J. Kimble</i>	How related to deceased <i>Niece</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
<i>Old age</i>	<i>154</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. B. Astor</i>
	Address <i>Michaelville</i>
Accident or Suicide?	



Name  
in  
Full

William Hornwood

## CERTIFICATE OF DEATH

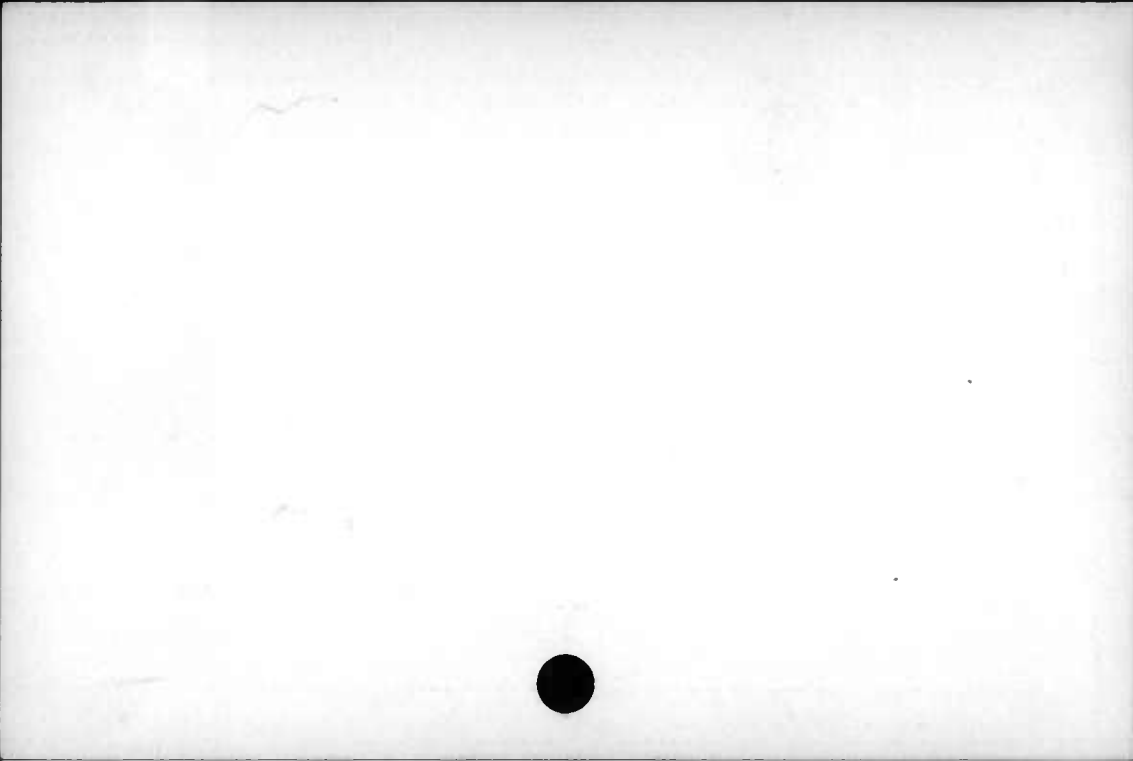
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Hickory</i>		County <i>Harford</i>		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death 190 <i>2</i>	<i>2</i>	<i>28</i>	<i>87</i>	<i>87</i>	<i>11</i>		
Sex	Color or Race		Birth-place				
<i>Male</i>	<i>White</i>		<i>Ind.</i>				
Married, Single or Widowed			Occupation				
<i>Widower</i>			<i>Farmer</i>				
Name of Wife or Husband							
<i>Elizabeth Hornwood</i>							
Father's Name				Father's Birthplace			
<i>John Hornwood</i>				<i>Ind.</i>			
Mother's Maiden Name				Mother's Birthplace			
<i>Hannah Stewart</i>				<i>"</i>			
Name of person giving information				How related to deceased			
<i>Benjamin Hornwood</i>				<i>Son</i>			

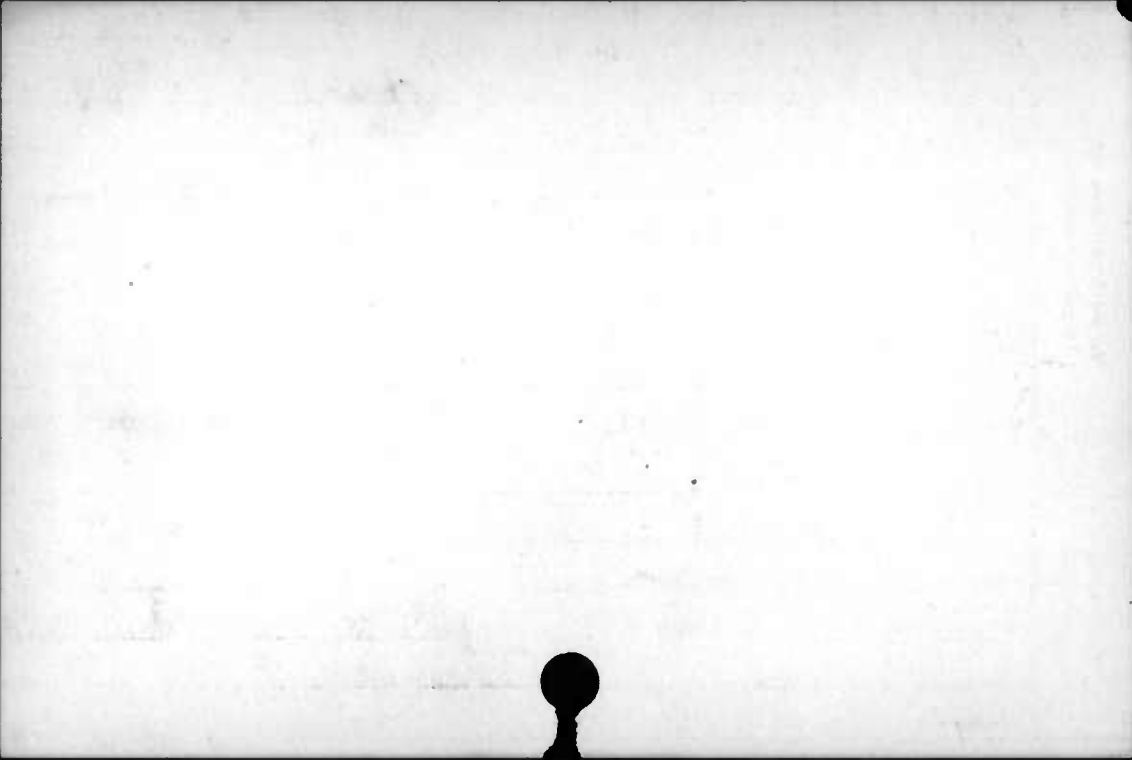
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Old Age</i>	How long	<i>154</i>	<i>3 weeks</i>
Immediate		How long		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
<i>Yes</i>		<i>F. P. Smithson</i>		
		Address		
		<i>Forest Hill Ind.</i>		
Accident or Suicide?				



Name in Full		William Grant				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <sup>Town</sup> Fountain Run		<sup>County</sup> Harford		MARYLAND	
		Date of death 1905		Month Feb		Day 12	
		Age 70		Years		Months	
		Sex Male		Color or Race White		Birth-place Md.	
		Married, Single or Widowed Married		Occupation Farmer			
		Name of Wife or Husband Annie M. Grant					
		Father's Name George Grant		Father's Birthplace Md.			
Mother's Maiden Name Liza Lamar		Mother's Birthplace					
Name of person giving Information Wm L. Grant		How related to deceased Son					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary Fatty degeneration of heart		How long 19		How long 19	
		Immediate Rupture of heart		How long 19		How long 19	
		Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician A. F. Van Bibber		Address T. B. & Co.	
		Accident or Suicide? No.		Address T. B. & Co.		Md.	



Name  
in  
Full

Mary Jane Griffin

## CERTIFICATE OF DEATH

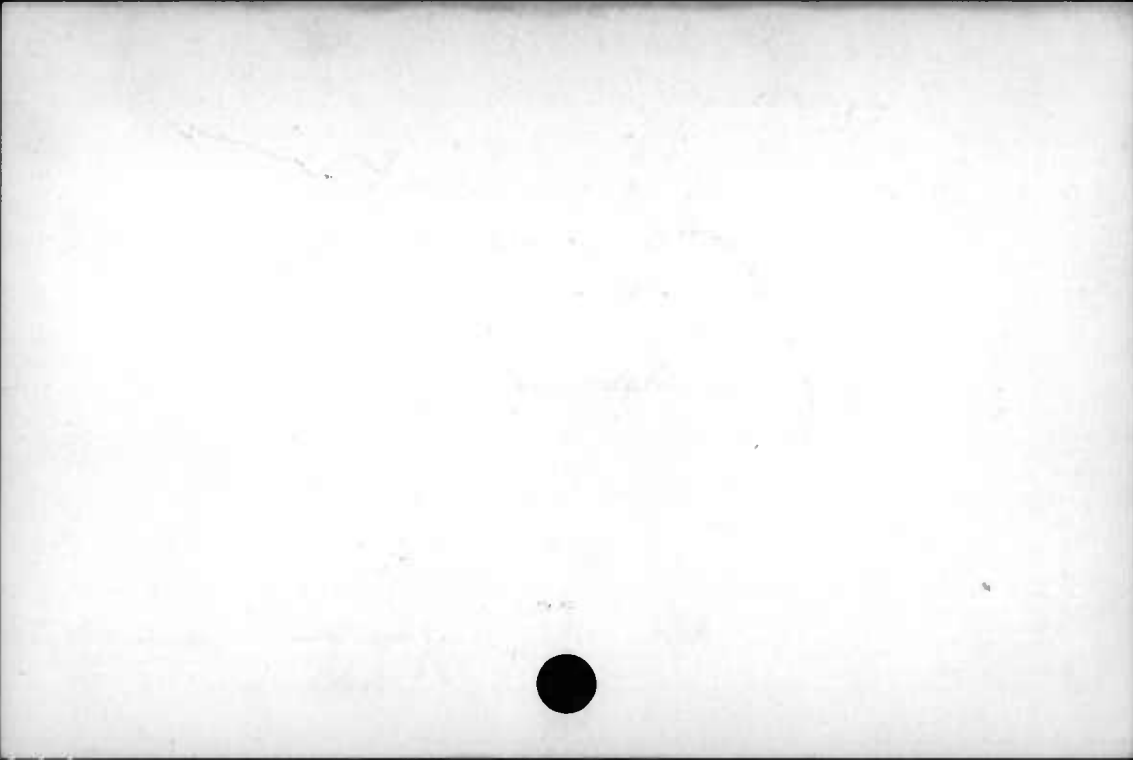
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bel Air</i> <sup>Town</sup> <i>Harford</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>5</i> <sup>Month</sup> <i>Feb</i> <sup>Day</sup> <i>9</i>	Age <i>26</i> <sup>Years</sup>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>	
Married, Single or Widowed <i>Single</i>	Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>			
Father's Name <i>George T. Griffin</i>		Father's Birthplace <i>MD</i>	
Mother's Maiden Name <i>Emma Griffin</i>		Mother's Birthplace <i>MD</i>	
Name of person giving information <i>Mrs. L. A. McCall</i>		How related to deceased <i>Sister</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tubercular Pulv</i>	How long <i>1 year</i>
Immediate <i>Heart failure</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. H. McCall</i>
	Address <i>Bel Air Md</i>
Accident or Suicide? <i>✓</i>	





Name  
in  
Full

## CERTIFICATE OF DEATH

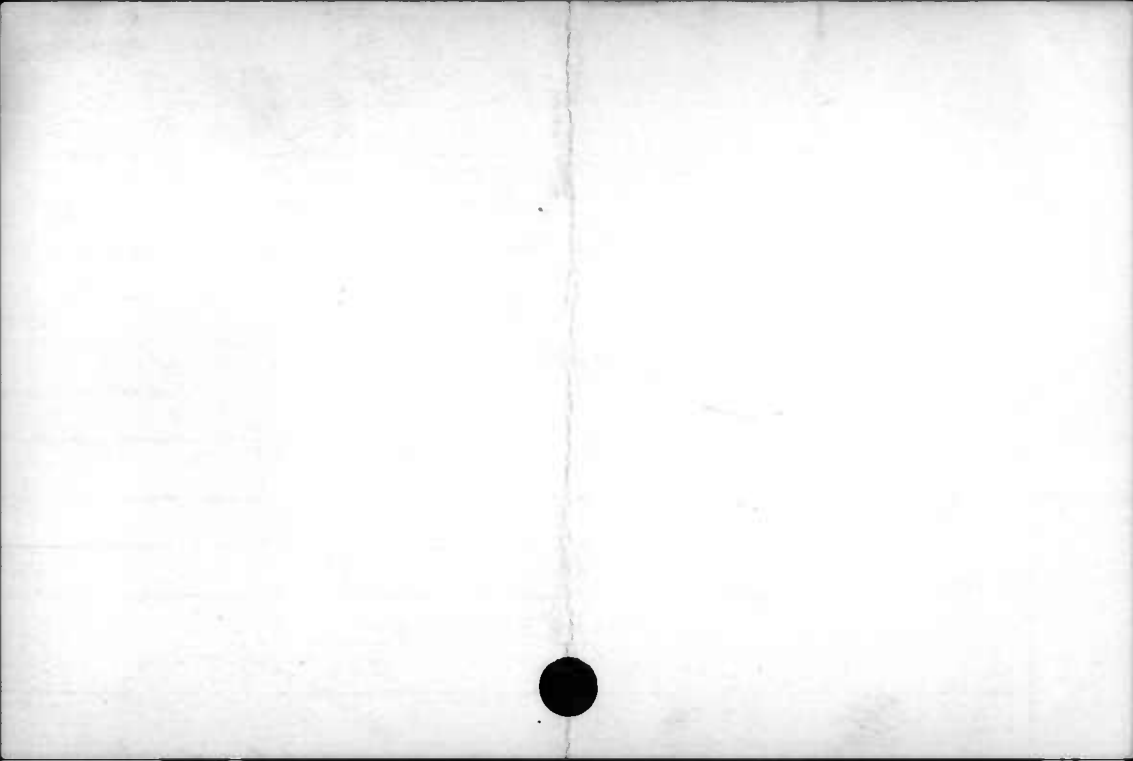
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Emmorton</i> <sup>Town</sup>		<i>7 Harford</i> <sup>County</sup>		MARYLAND	
Date of death 190	<i>5</i> <sup>Month</sup>	<i>25</i> <sup>Day</sup>	<i>20</i> <sup>Years</sup>	Months	Days
Sex <i>F</i>	Color or Race <i>White</i>		Birth-place		
Married, Single or Widowed <i>Single</i>	Occupation <i>Housewife</i>				
Name of Wife or Husband					
Father's Name <i>Amos Gross</i>			Father's Birthplace		
Mother's Maiden Name <i>Annie</i>			Mother's Birthplace		
Name of person giving information <i>Mother</i>			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Meningitis</i>	How long <i>6 days</i>
Immediate <i>Coma</i>	How long <i>10 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Robert S. P. Ayer</i>
	Address <i>Bel Air Md</i>
Accident or Suicide?	<input checked="" type="checkbox"/>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> *Harm detruce* <sup>County</sup> *Hanford*Date of death 1905 <sup>Month</sup> *2* <sup>Day</sup> *9* <sup>Years</sup> *21* <sup>Months</sup> *—* <sup>Days</sup> *—*Sex *Female* Color or Race *white* Birth-place *Ind.*Occupation *Rehool Teacher* Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name *Wm Haggerty*Father's Birthplace *Ind.*Mother's Maiden Name *Margaret Corn*Mother's Birthplace *Ind.*

Name of person giving information

How related to deceased

## CAUSES OF DEATH

Primary *Pul. Tuberculosis*How long *27* *yr*

Immediate

How long *1* *yr*

Are the name, age, sex, color, date and place correctly given above?

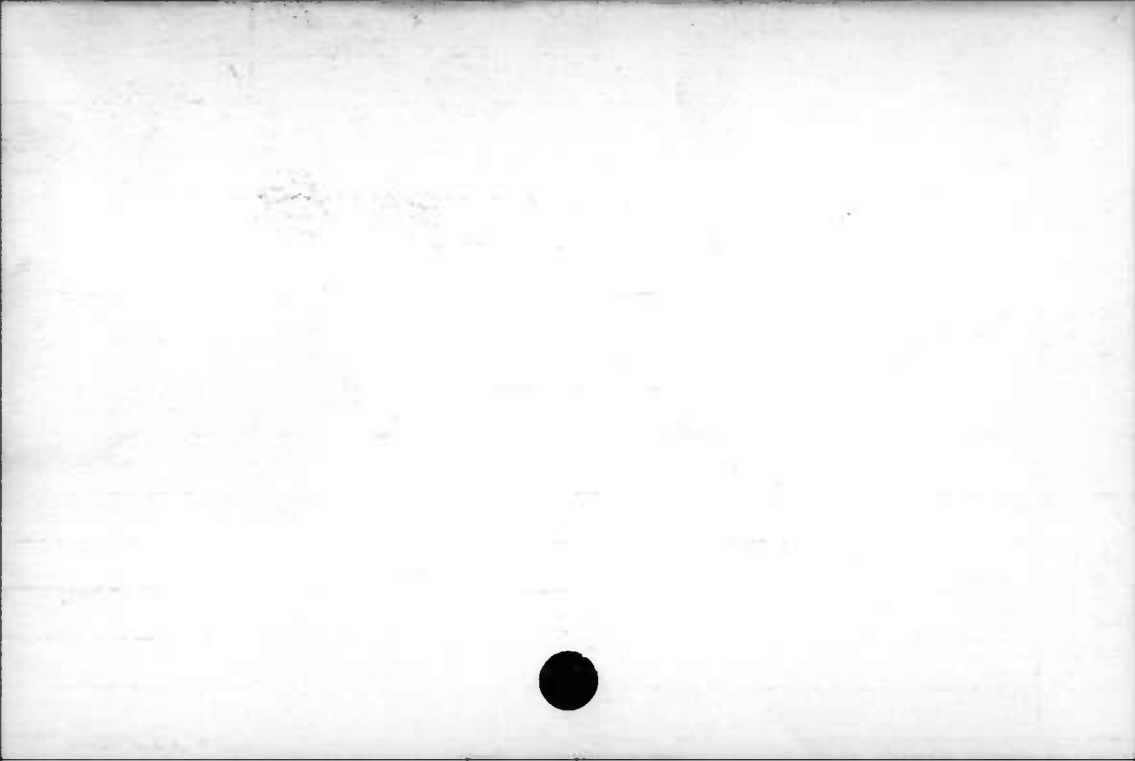
*Yes*

Signature of Physician

Address

*R. H. Linnick**1905*

Accident or Suicide?



Name  
in  
Full

Amos B. Hallingsworth

## CERTIFICATE OF DEATH

Died at *Melvin* Town*Harpur* County

MARYLAND

Date

of death 190

5

Month

*May*

Day

*27*

Age

Years

*57*

Months

—

Days

—

Sex

*Male*Color or  
Race*White*Birth-  
placeMarried, Single  
or Widowed*Single*

Occupation

*Farmer*Name of Wife or  
Husband

—

Father's  
Name*John Hallingsworth*Father's  
Birthplace*Harpur Co.*Mother's  
Maiden Name*Rachel Benson*Mother's  
Birthplace

—

Name of person giving  
Information*Sister*How related  
to deceased*10*

## CAUSES OF DEATH

Primary

*Patent Inflamm. of Lungs from La Grippe*

How long

*2 weeks*

Immediate

*Dead sudden likely from heart attack*

How long

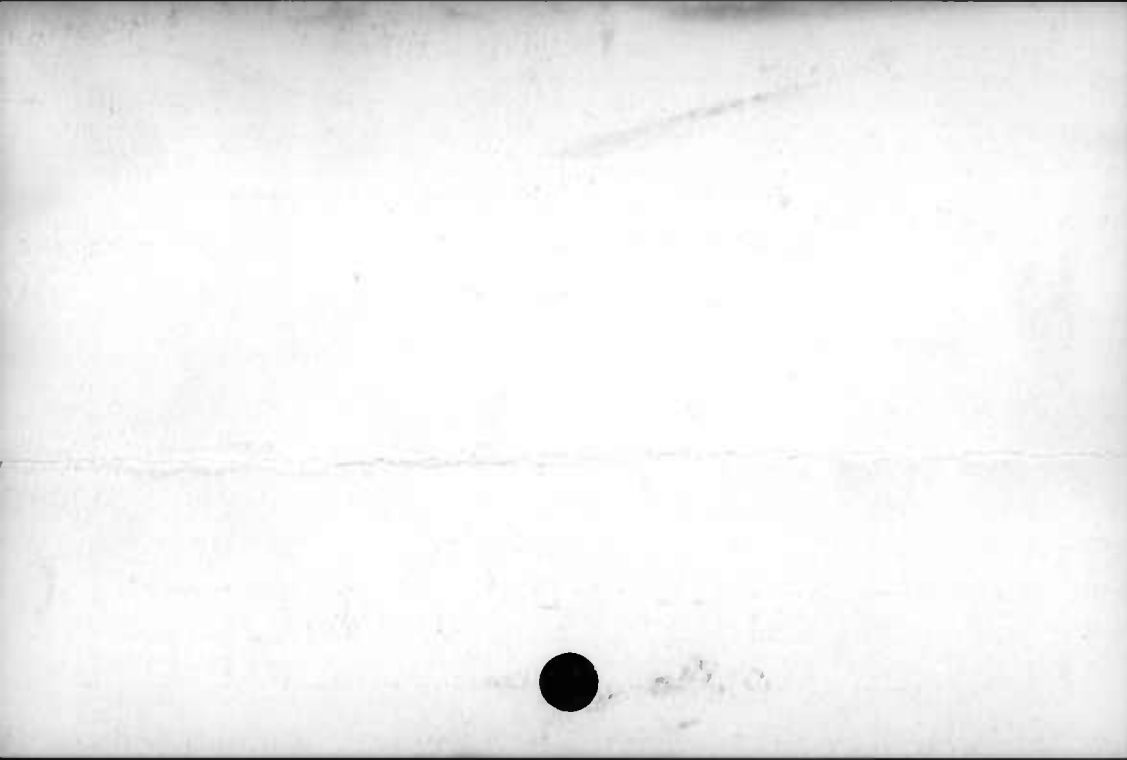
Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*Not S. K. Rogers M.D.*

Address

*Franklinville Md.*

Accident or Suicide?

*No**✓*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full

Certificate of Death

*Bernah Knight*  
 Town County

Died at *Harris de Grace* *14* *April* *1908* *Co* MARYLAND

Date 1908	Month <i>Feb</i>	Day <i>4</i>	Age <i>70</i>	Y. M. D.	Native of <i>Baltimore</i>	Occupation <i>gen house</i>
<del>Male</del>	White	<del>Married</del>	Widow	<del>Divorced</del>		
Female	<del>Colored</del>	<del>Single</del>	<del>Widower</del>	Number of children living		

Husband of

Wife

Father's  
Name

Mother's

Maiden Name

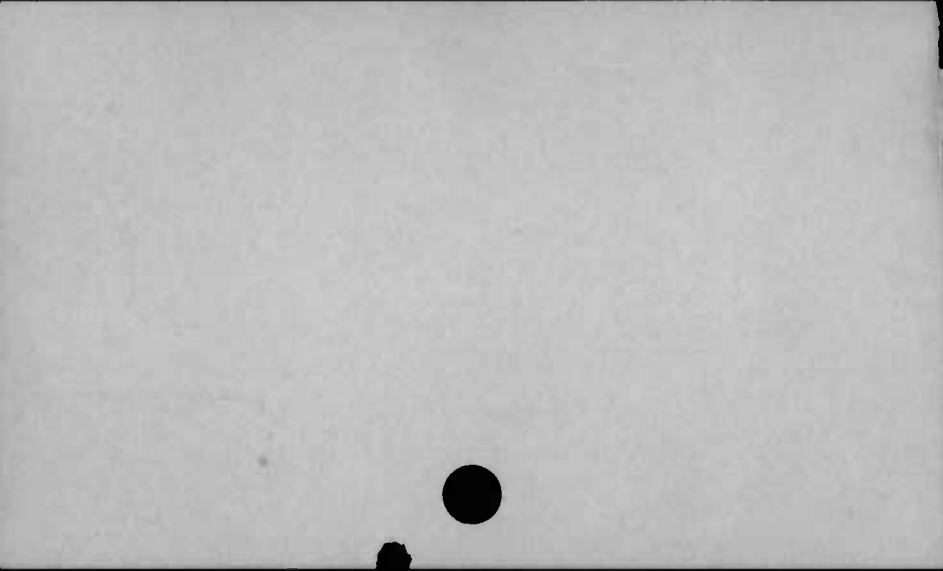
Cause of	Primary <i>Bright's Kidney</i>	How long sick
Death	Immediate	Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893





Name  
in  
Full

## CERTIFICATE OF DEATH

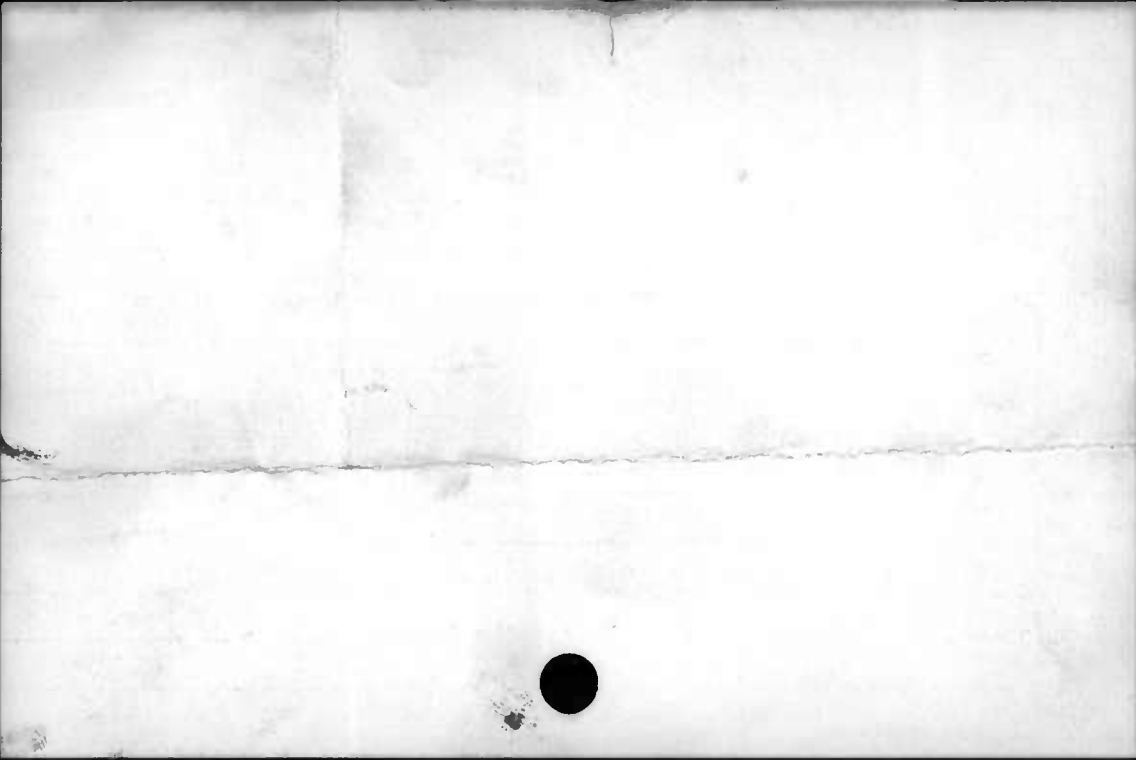
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Magnolia</i> <sup>Town</sup>		<i>Harford</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i>	Month <i>2</i>	Day <i>5</i>	Age <i>78</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Somany</i>		
Occupation <i>Silk weaver</i>			Where Residing if not at place of death <i>Magnolia</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ellen Beasley - widow</i>				
Father's Name			Father's Birthplace <i>Berlin, Germany</i>		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information <i>Thomas B Oakley</i>			How related to deceased <i>Son-in-law</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>3 days</i>
Immediate <i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Chas. Proth</i>
	Address <i>Edgewood Md</i>
Accident or Suicide? <input checked="" type="checkbox"/>	



Name  
in  
Full

Catherine E. Lay

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

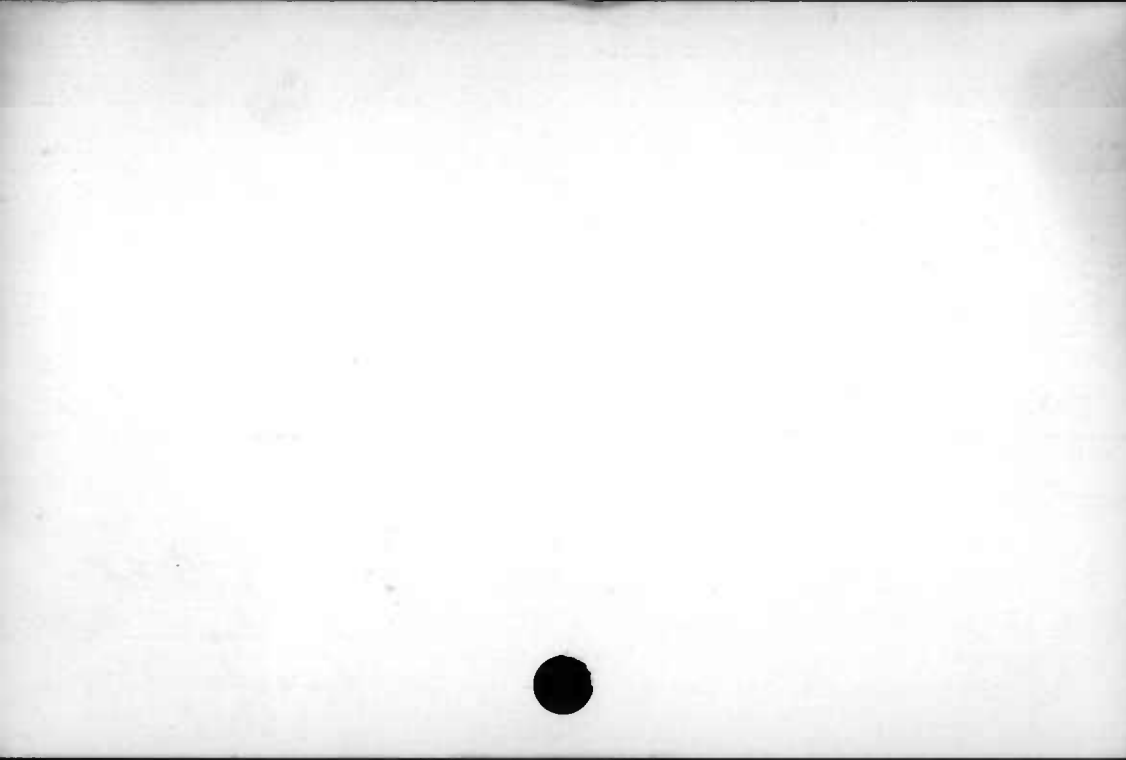
Died <i>near</i> <sup>Town</sup> <i>Abideen</i>		<sup>County</sup> <i>Harford</i>		MARYLAND	
Date of death	<i>1905</i>	<sup>Month</sup> <i>Feb.</i>	<sup>Day</sup> <i>12th.</i>	<sup>Years</sup> <i>1</i>	<sup>Months</sup> <i>3</i>
Sex	<i>Female</i>	<sup>Age</sup>	<i>17</i>	<sup>Color or Race</sup>	<i>White</i>
Occupation	<i>—</i>		<sup>Birth-place</sup>	<i>Harford Co.</i>	
Married, Single or Widowed			Where Residing if not at place of death		
<i>Single</i>			<i>—</i>		
Father's Name			Father's Birthplace		
<i>Christian Lay</i>			<i>Harford Co.</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>Edith Cullum</i>			<i>Harford Co.</i>		
Name of person giving information			How related to deceased		
<i>Christian Lay</i>			<i>105 ✓ Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Gastro-enteric Infection</i>	How long	<i>3 Weeks</i>
Immediate	<i>Peritonitis</i>	How long	<i>one week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Chas. H. White</i>	
		Address	
		<i>Abideen, Md.</i>	

~~Accident or Suicide?~~



Name  
in  
Full

David. J. Lewis

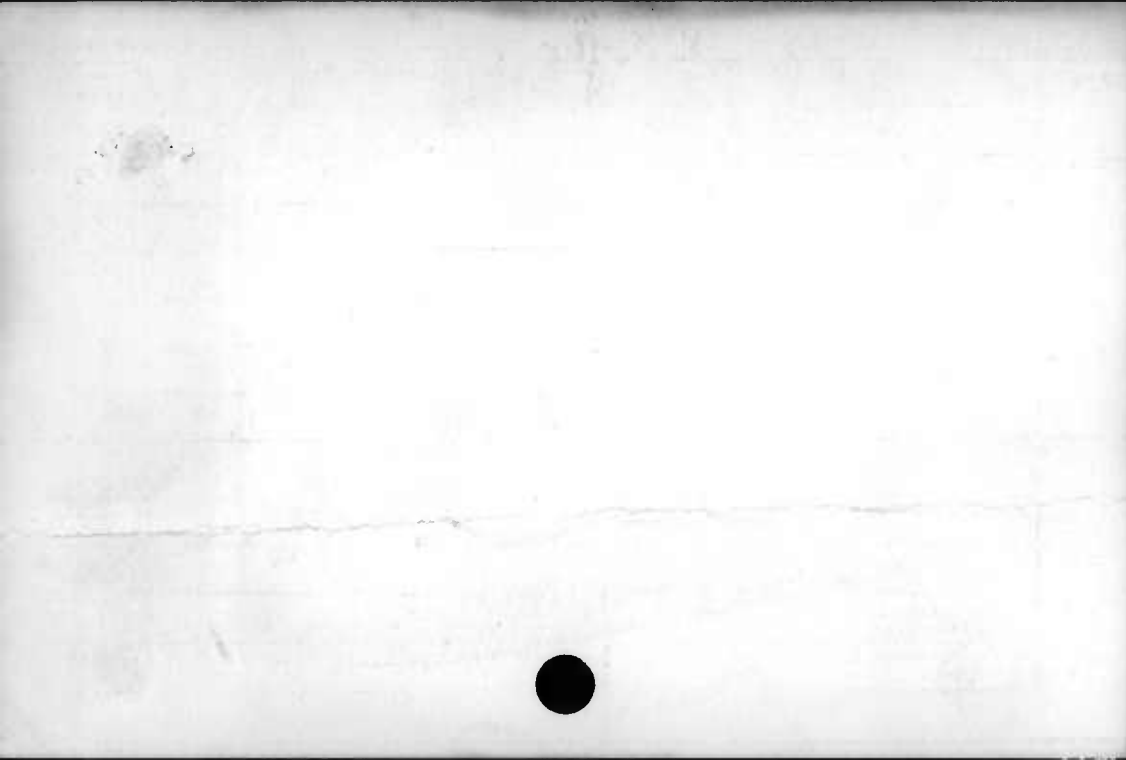
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Kear Hallston</i>		Town <i>Harford</i>		County		MARYLAND	
Date of death <i>1905-</i>	Month <i>2d.</i>	Day <i>6</i>	Age <i>85-</i>	Years	Months <i>7</i>	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Balto. Co. Md.</i>				
Occupation <i>Carpenter</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Sarah. A. Lewis</i>					
Father's Name <i>Wm. Lewis</i>				Father's Birthplace			
Mother's Maiden Name <i>Elizabeth Jessup</i>				Mother's Birthplace			
Name of person giving Information <i>Mary E. Lewis</i>				How related to deceased <i>Daughter</i>			
CAUSES OF DEATH							

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Paralysis</i>	How long <i>66</i> <i>6 Weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. W. Davis M.D.</i>
	Address <i>Pleasantville Md.</i>
Accident or Suicide?	



Name  
in  
Full

Lilburn Martin

## CERTIFICATE OF DEATH

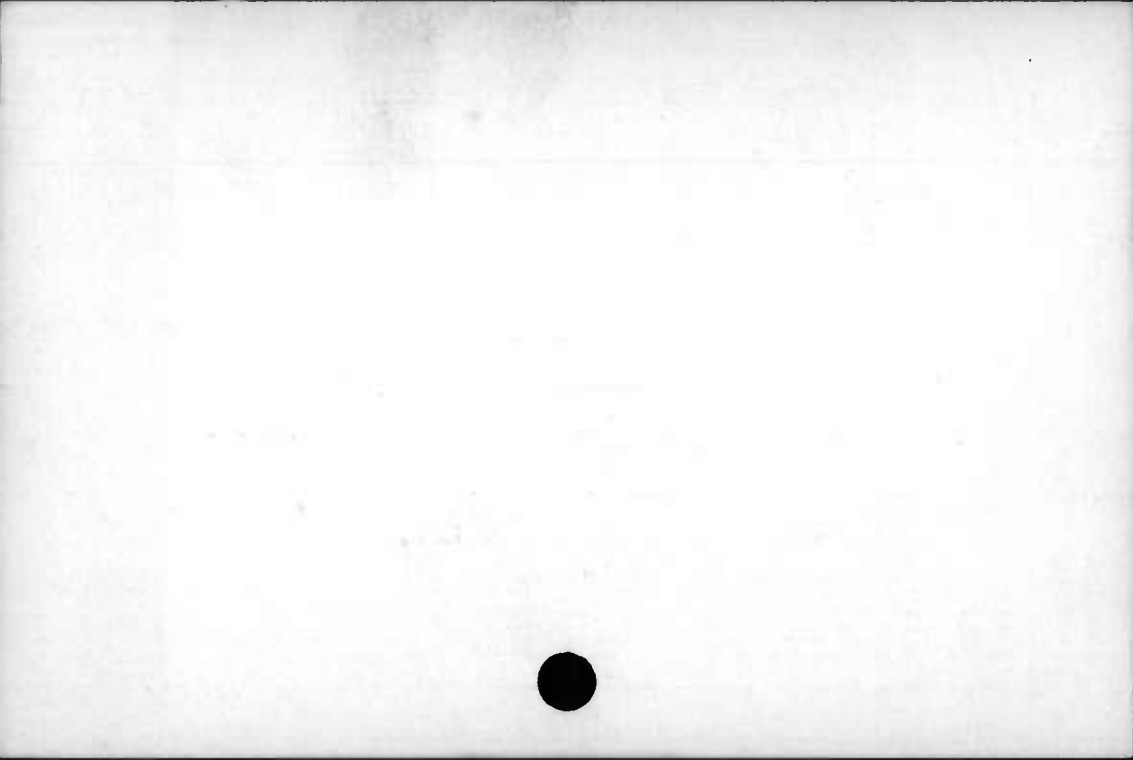
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Bel Air		County		Harford		MARYLAND	
Date		Month	Day	Age		Years		Months	Days
of death 1905		Feb	16	80					
Sex		Male		Color or Race		White		Birth-place	
								Commotion	
Married, Single or Widowed		Single		Occupation		Cullicie			
Name of Wife or Husband									
Father's Name						Father's Birthplace			
Mother's Maiden Name						Mother's Birthplace			
Name of person giving information						How related to deceased			
Annie Mitchell						Niece			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Paralysis	How long	66
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		D. Chas. Richardson	
Address		Bel Air Md.	
Accident or Suicide?		No.	





Name  
in  
Full

Lloyd Robert Martin

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Pleasant Hill		County Harford		MARYLAND	
Date of death 190		Month 2	Day 3	Age 68	Years 68	Months —	Days —
Sex Male		Color or Race White		Birth- place Harford Co			
Married, Single or Widowed		Married		Occupation Farmer			
Name of Wife or Husband Elizabeth Martin							
Father's Name Thomas Martin				Father's Birthplace Harford Co			
Mother's Maiden Name				Mother's Birthplace " "			
Name of person giving Information E. E. Martin				How related to deceased Son			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Typhoid Fever	How long	2 weeks
Immediate	collapse	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Dr. M. S. Archer	
Address		Bel Air Md	
Accident or Suicide?			



Name in Full

Certificate of Death

Town

County

Died at

MARYLAND

Date 1905

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Md

Housemaid

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

7-

~~Husband~~ of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Reported by

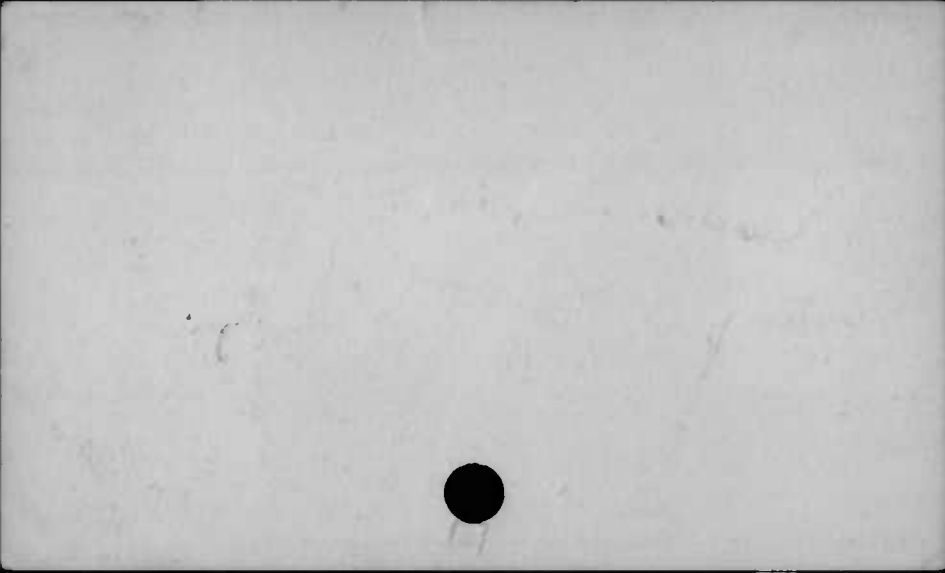
Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

How long sick

Accident, Suicide, Homicide

LIBRARY BUREAU, 79898



Name  
in  
Full

Daniel S. Paine

## CERTIFICATE OF DEATH

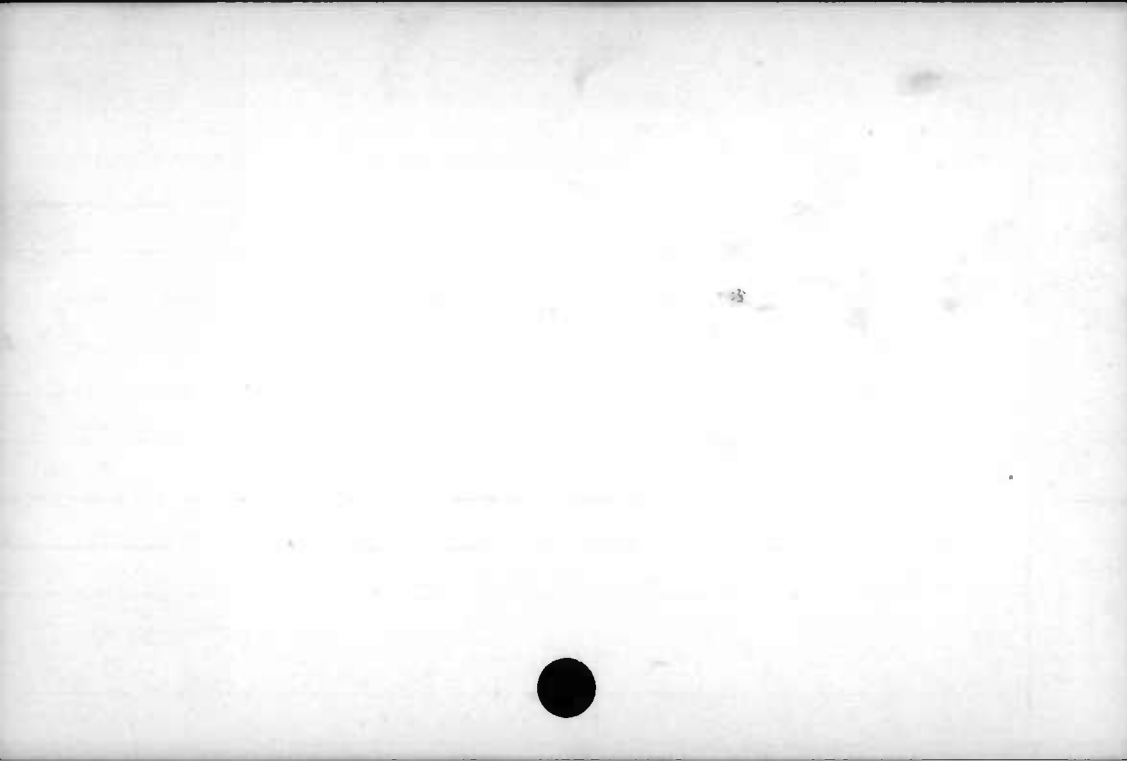
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bel Air</i> Town		<i>Harford</i> County		MARYLAND	
Date of death 1905	Month 2	Day 12	Age 5	Months 11	Days
Sex <i>m</i>	Color or Race <i>Colored</i>		Birth-place <i>Bel Air</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>			Father's Birthplace		
Mother's Maiden Name <i>Mauda Paine</i>			Mother's Birthplace		
Name of person giving information <i>Mauda Paine</i>			How related to deceased <i>Mother</i>		

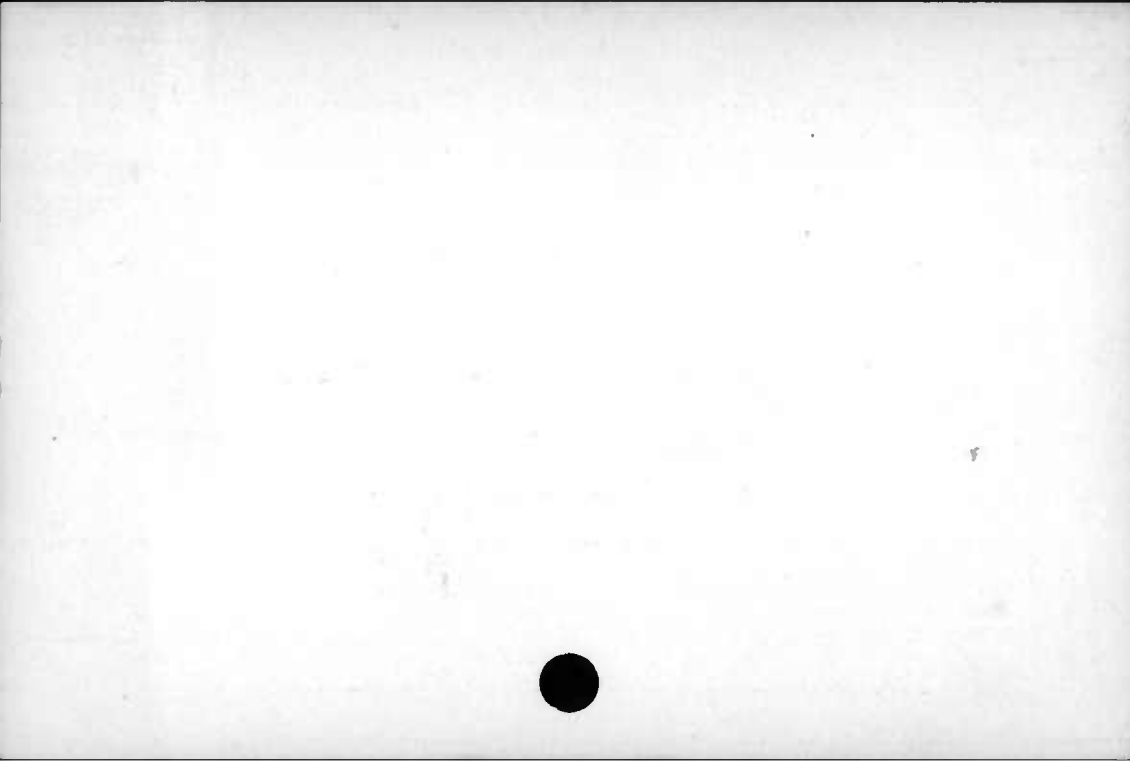
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Miliary Tuberculosis</i>	How long <i>27</i> days
Immediate <i>Pneumonia</i>	How long <i>2</i> days
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Robert S. Paine</i>
	Address <i>Bel Air</i>
Accident or Suicide? <i>—</i>	



Name in Full <i>Alice M. Robinson</i>		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Town <i>Forest Hill</i>		County <i>Harford</i>		MARYLAND
	Died at <i>Forest Hill</i>				
	Date of death 1905- Month <i>2</i> Day <i>10</i>	Age <i>30</i>	Years <i>30</i>	Months <i>—</i>	Days <i>—</i>
	Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Harford Co</i>		
	Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>			
	Name of Wife or Husband <i>John M. Robinson</i>				
	Father's Name <i>Dwight Robert Martin</i>		Father's Birthplace <i>Harford Co</i>		
Mother's Maiden Name <i>Elizabeth - Drapton</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>John M. Robinson</i>		How related to deceased <i>Husband</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Typhoid Fever</i>		How long <i>3 weeks</i>		
	Immediate <i>Peritonsillar Abscess &amp; Erythema</i>		How long <i>1 week</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>F. J. Smithson</i>		
			Address <i>Forest Hill Md</i>		
	Accident or Suicide? <input checked="" type="checkbox"/>				





Name  
in  
Full

Noval Rumsey

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Havre de Grace<sup>County</sup> HarfordDate  
of death 1905

Month 2

Day 4

Age

Years 41

Months

Days

Sex

Male

Color or  
Race

Col.

Birth-  
place

Md

Occupation

Infant

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

James Rumsey

Father's  
Birthplace

Md

Mother's  
Maiden Name

Lizzie

Mother's  
Birthplace

Md

Name of person giving  
In formation

James Rumsey

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Diphtheria

How long

9 wk

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

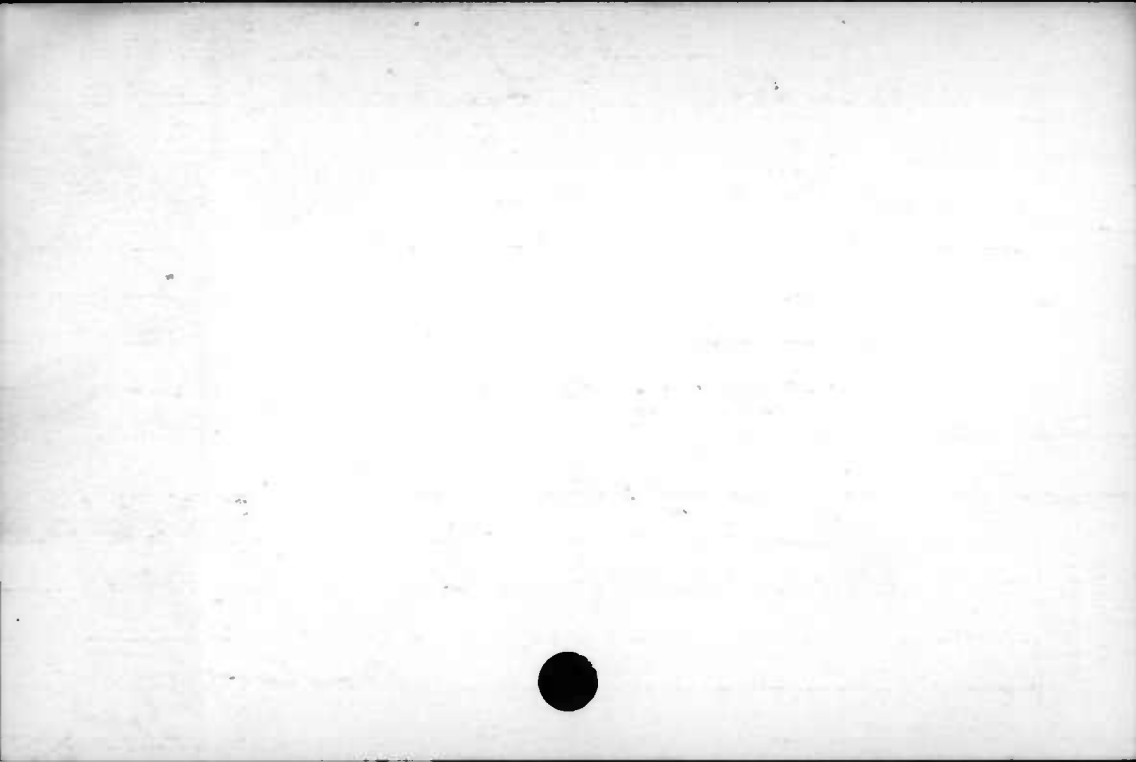
Yes

Signature of  
Physician

Address

J. E. Hopkins  
Havre de Grace Md

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Dr John Sappington  
 Died at <sup>Town</sup> *Darlington* <sup>County</sup> *Hartford* **MARYLAND**

Date of death *1905* <sup>Month</sup> *Feb* <sup>Day</sup> *10* Age <sup>Years</sup> *57* <sup>Months</sup> *3* <sup>Days</sup> *21*

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Physician* Where Residing if not at place of death

Married, Single or Widowed *Married* Name or Wife or Husband *Rosa Jacobs*

Father's Name *Dr John Sappington* Father's Birthplace *Maryland*

Mother's Maiden Name *Mary W. Reid* Mother's Birthplace *Maryland*

Name of person giving information *Dr W. Sappington* How related to deceased *Son*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Cerebral Anemia* *82* *✓* How long *Since July 2, 04*

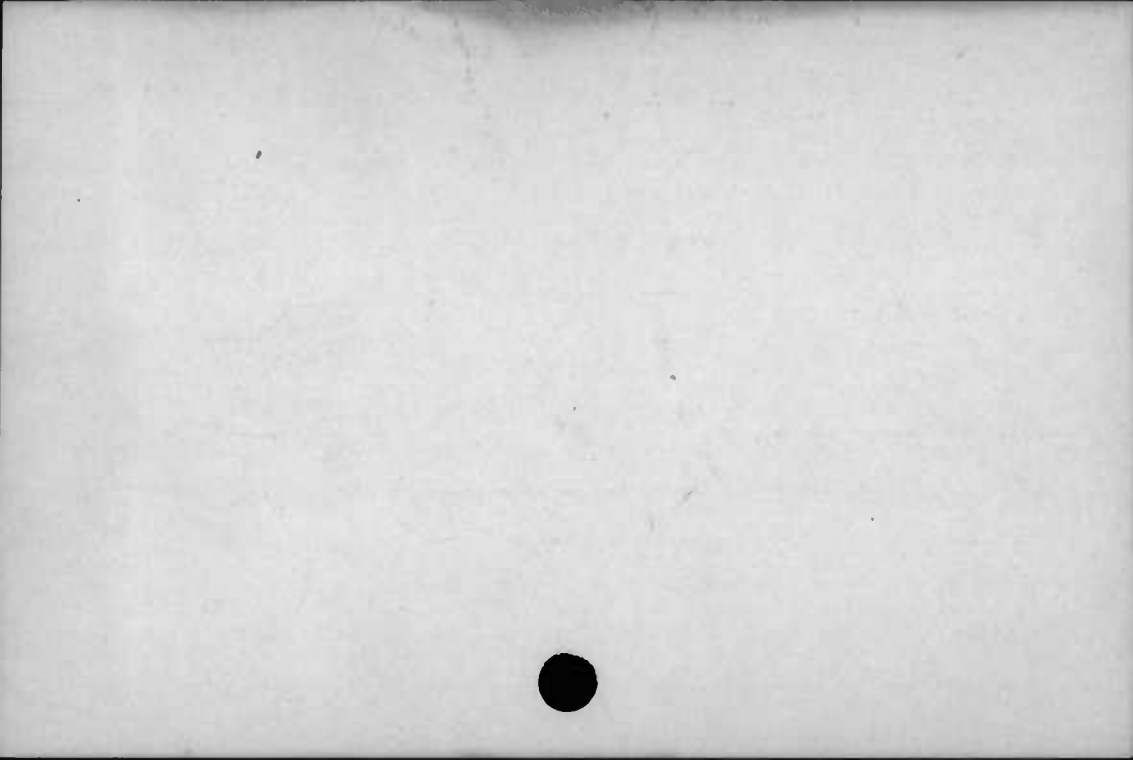
Immediate *Respiratory Failure* How long *24 hours*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *W. B. Kirk*

Address *Darlington*

Accident or Suicide? *Ind*



Name  
in  
Full

*Ella Smith Shackelford*

CERTIFICATE OF DEATH

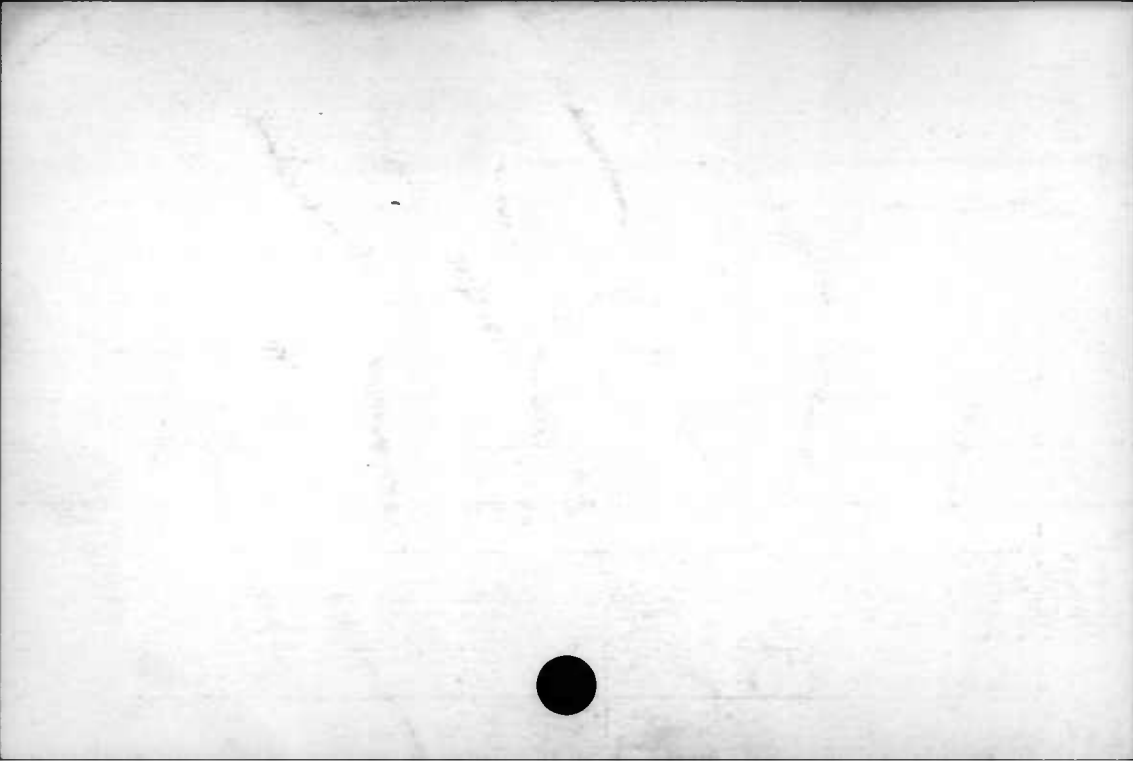
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Darlington</i> <sup>Town</sup>		<i>Harford</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>2</i>	Day <i>4</i>	Years <i>26</i>	Months	Days
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Darlington Md</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>Lady's Maid</i>			
Name of Wife or Husband <i>Lee Shackelford</i>					
Father's Name <i>Henry Smith</i>			Father's Birthplace <i>Darlington</i>		
Mother's Maiden Name <i>Mary Sprigs</i>			Mother's Birthplace <i>Baltimore Co.</i>		
Name of person giving information <i>Wm Smith</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>7 mo. &amp; 2 days</i>
Immediate <i>Paralysis of Resp.</i>	How long <i>short</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J M Rogan M.D.</i>
	Address <i>Conowingo Md.</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Lapidum* <sup>Town</sup> *Harford* <sup>County</sup>Date of death *1905* <sup>Month</sup> *2* <sup>Day</sup> *17* <sup>Years</sup> *26* <sup>Months</sup> *—* <sup>Days</sup> *—*Sex *Male* Color or Race *Black* Birth-place *Harford co.*Occupation *labor* Where Residing if not at place of death *—*Married, Single or Widowed *Single* Name of Wife or Husband *—*Father's Name *John A. Taylor* Father's Birthplace *Balto. Co.*Mother's Maiden Name *Hannah Harris* Mother's Birthplace *Harford Co.*Name of person giving information *John A. Taylor* How related to deceased *Widow*

## CAUSES OF DEATH

Primary *Sick for some years* How long *—*Immediate *no diff for over one year* How long *—*

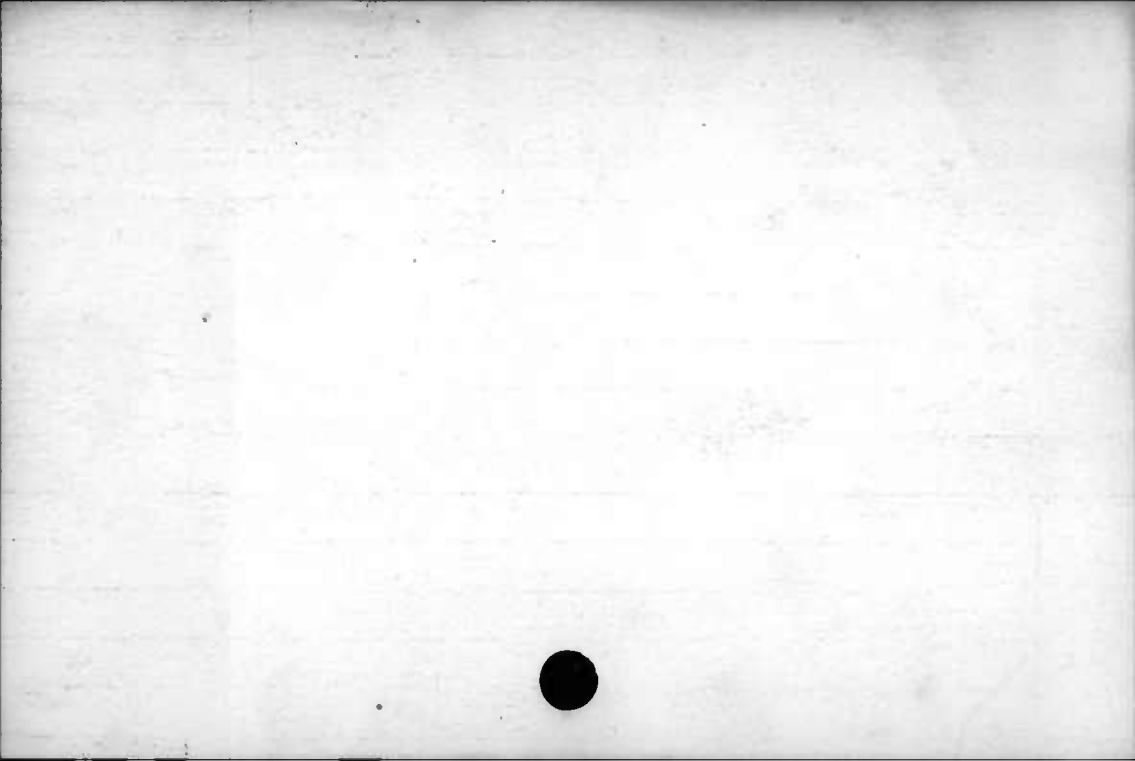
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

PHYSICIAN  
OR CORONER





Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Richmond</i>		County <i>Hampden</i>	
		Date of death 190 <i>5</i> <i>Feb</i> <i>27</i>		Age <i>62</i>	
		Sex <i>Male</i>		Color or Race <i>White</i>	
		Married, Single— <i>or Widowed</i>		Occupation <i>Farmer</i>	
		Name of Wife or Husband <i>Josphine Tucker</i>		Father's Birthplace <i>Ind</i>	
		Father's Name <i>Carson Tucker</i>		Mother's Birthplace <i>"</i>	
		Mother's Maiden Name <i>Hannah J. Harker</i>		How related to deceased <i>Brother</i>	
		Name of person giving information <i>James F. Tucker</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Epithelioma</i>		How long <i>about a year</i>	
		Immediate		How long	
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>William J. Archer</i>	
				Address <i>Bell Air</i>	
		Accident or Suicide? <i>✓</i>		<i>Ind</i>	

Centre Chem.

Moses Webster

Town

County

Died at Rapedum

Harford

MARYLAND

Date 1905	Month Feb	Day 9	Y. 88	M. -	D. -	Native of Harford	Occupation Laborer
Male	<del>White</del>	Married	Widow	Divorced			
<del>Female</del>	Colored	<del>Single</del>	Widower			Number of children living	3

Husband of Helen Webster

Wife

Father's Name

Mother's Maiden Name Sarah Webster

Cause of Death	Primary	La Grippe	How long sick 10 1/2 weeks
	Immediate	Pneumonia	
			Accident, Suicide, Homicide

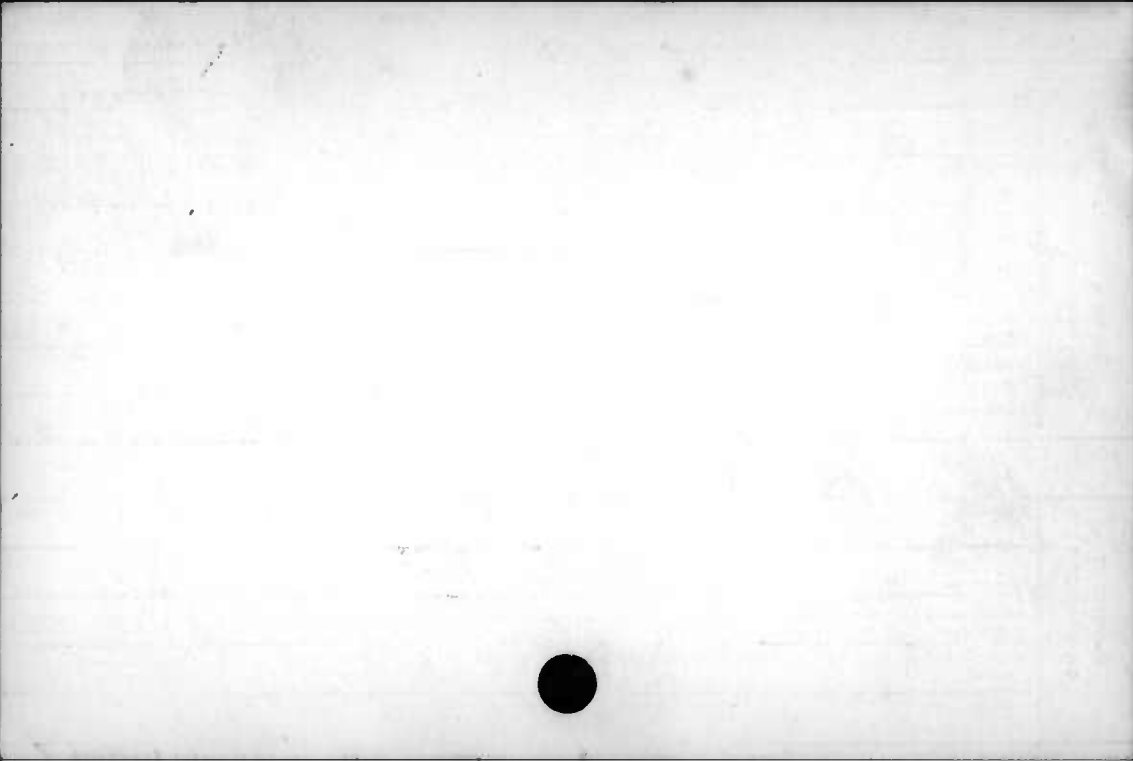
Reported by A. Crocker

Address Harford Grace

Must be signed by physician, if any in attendance, other undertaker or minister.



Name in Full		Charles T. Williams				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Michaelsville	County Harford		MARYLAND	
	Date of death	1905	Month 2	Day 15	Age 85	Years	Months 5
	Sex	Male		Color or Race	Colored		Birth-place
	Occupation	Laborer		Where Residing if not at place of death		Harford Co	
	Married, <del>Single</del>	Name of Wife or Husband					
	Father's Name	unknown		Father's Birthplace	unknown		
	Mother's Maiden Name	Sophia Williams		Mother's Birthplace	Harford Co. Md		
Name of person giving Information	Wm. L. Tildon		How related to deceased	Half brother			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Asthma				How long	
	Immediate	Heart Failure				How long	24 hrs.
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	J. H. Thier	
					Address	Perryman	
	Accident or Suicide?						



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Glenora, Williams

Died at *Lensbury* TownCounty *Stayford*

MARYLAND

Date of death *1906* Month *7* Day *24* Age Year Months *2* Days *19*Sex *Female* Color or Race *White* Birth-place *Lensbury Md*Occupation *Infant* Where Residing if not at place of death *-*

Married, Single or Widowed Name of Wife or Husband

Father's Name *James Williams*Father's Birthplace *Maryland*Mother's Maiden Name *Ellen Jones*Mother's Birthplace *Penn*Name of person giving information *R. Warren Ramsey*How related to deceased *Nephew*

## CAUSES OF DEATH

Primary *Influenza.*How long *2 days*Immediate *Rapidly Brouchitis*How long *10 hrs*

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

*R. Warren Ramsey*

Address

*Dells Pa*PHYSICIAN  
OR CORONER

Accident or Suicide?

